

Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

General instructions:

1. It is recommended that the vendor complete form GAO-W-9 online.
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

Specific instructions:

Social Security Number (SSN) OR Employer Identification Number (EIN)

Required. Enter your 9 digit Social Security Number (SSN) **OR** Employer Identification Number (EIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA). If completing online, enter 9 numeric characters **ONLY**, do not enter any dashes or other special characters.

Entity Type

Required. Select the type of entity for the TIN given. Only one selection can be made. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

Name **First, Middle, Last**

Required if SSN is provided and required if EIN is provided and you are a sole proprietor or single member LLC (Refer IRS W-9 instructions). Enter the name corresponding to the TIN given. Name must be as registered with the Internal Revenue Service (IRS) **OR** Social Security Administration (SSA).

Business Name

Required if TIN provided or if a SSN was provided and you are a sole proprietor. Enter the name or DBA name corresponding to the TIN given. Name must be as registered with the Internal Revenue Service (IRS).

Main Address-Required and Remittance Address-Optional Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

Doing Business As (DBA)\Branch\Location

Optional. For the remittance address, enter a DBA, branch name or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

Address

Required. Enter under the 'Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

City

Required. Enter your city.

State

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

Zip code

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

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Contact Information-Required

Name

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

Title

Optional. If the form is completed on behalf of a business, please enter your title.

Phone#

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

EXT

Optional. Enter the contact's phone number extension, if applicable.

email

Optional. Enter the contact's email address. Must be in the format: email@address.com.

Fax

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site: www.azcommerce.com/BusAsst/SmallBiz/To+be+certified.htm

Certification

Exempt from backup withholding

Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

Signature

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Title

Required. Enter the title of the person who signed/certified the form.

Current Date

Required. This field will default to the current date if form is completed electronically.

Do not complete any remaining fields; they are reserved for use by the State of Arizona.

Additional Information

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: www.irs.gov.